

Church Street Partnership

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Requires improvement	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	13
Background to Church Street Partnership	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Street Partnership on 30 August 2016. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 21 May 2015. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the practice did not carry out an analysis of the significant events over time to identify trends.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us that urgent appointments were available on the same day. However, patients found it difficult to get through to the surgery on the telephone and to book appointments in advance.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure that systems are implemented to assess the risk of and to prevent, detect and control the spread of infection including routine audit processes.
- Ensure that all staff employed receive essential training relevant to their role including children and adult safeguarding and infection control.

Summary of findings

The areas where the provider should make improvements are:

- Ensure an appropriate system is in place for the safe use of blank prescription forms and pads and the management of uncollected prescriptions.
- Ensure review of systems and processes for the effective management of patients with long term conditions.
- Develop a process to ensure a consistent approach towards receiving and managing patient safety alerts.
- Carry out an analysis of significant events to identify trends.
- Ensure steps are taken to make improvements to the National GP Patient Survey results; including access to routine pre-bookable appointments, appointment waiting times and access to the practice by telephone.
- Review and make improvements to the baby changing area and disabled patient toilet facilities provided in line with the requirements of the Equality Act 2010.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Blank prescription forms and pads were securely stored however there was no system in place to monitor their use.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the practice did not have an effective system in place to manage infection control standards and procedures.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the practice did not carry out an analysis of the significant events to identify trends.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. However, during our inspection we found the provider did not have a robust recall system in place for the structured annual review of people with long term conditions.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey results published in July 2016 showed patients rated the practice in line with others for several aspects of care.
- The practice offered flexible appointment times based on individual needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of carers with 330 carers identified which was 2% of the practice list. There was a nominated Carers' champion who provided information about local support groups and services.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients responded negatively to questions about access to the practice on the telephone and pre-booking an appointment.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings. However, staff members had not completed essential training relevant to their roles including basic life support, infection control and safeguarding children and adults training.

Requires improvement



Summary of findings

- The provider did not have an up-to-date plan in place to address below average patient feedback scores for access to the practice by telephone, appointment availability and waiting times for pre-booked appointments.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- There was a focus on continuous learning and improvement and the practice worked closely with other practices, the local CCG and were members of a local GP Federation.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- We saw evidence of close working with the Community Matron and District Nursing team for additional support for older people, including the community phlebotomy service.
- The practice told us that they had recently received confirmation from the local CCG to offer health checks for all patients aged 75 and over, and a programme for this was due to commence shortly after our inspection.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held diabetic clinics on a regular basis, worked closely with the secondary care diabetes consultant and completed an annual review of patients.
- Performance for diabetes related indicators was comparable with the CCG and national average. The practice had achieved 93% of the total number of points available, compared to the local and national average of 89%.
- 72% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local and national average of 75%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All patients with a long-term condition had a named GP. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had changed their clinical system in June 2016. During our inspection we found that the practice did not have a robust recall system in place for the structured annual review of people with long term conditions.

Families, children and young people

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 77% which was comparable with the local average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Requires improvement



Summary of findings

- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- Extended opening times were available one evening each week and on Saturday mornings.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services. The issues identified as requiring improvement affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances and offered longer appointments and annual health checks for people with a learning disability.
- The practice had a system in place to identify patients with a known disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access support groups and voluntary organisations.
- Staff had access to safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. However, not all of the staff members had completed safeguarding training. Staff members were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, effective, responsive and well-led services. The issues identified as requiring improvement affected all patients including this population group.

Requires improvement



Summary of findings

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was comparable with the local average of 86% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- Patients had access to a NHS counsellors who held a weekly clinics at the practice.
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months compared to 92% locally and 88% nationally.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We looked at the National GP Patient Survey results published in July 2016. The results showed the practice was performing below local and national averages. There were 250 survey forms distributed and 114 were returned. This represented a 46% response rate and approximately 1% of the practice's patient list.

- 27% of patients found it easy to get through to this practice by phone compared to the local average of 63% and national average of 73%.
- 57% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 82% and national average of 85%.
- 30% of patients described the overall experience of this GP practice as good compared to the local CCG average of 66% and compared to the national average of 73%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards and found 12 comments were positive about the standard of care received, although two of these comments also contained negative points. Patients said staff acted in a professional and

courteous manner and described the services provided by all staff as very caring, helpful and friendly. We received four comments which were negative about contacting the practice by telephone and obtaining an appointment with a preferred GP.

We spoke with 12 patients during the inspection and received additional feedback from five patients who were also members of the Patient Participation Group. Patients said they were happy with the care they received and described staff members as approachable, committed and caring. However, eight patients also told us that had difficulties in getting through to the practice by telephone and found it difficult to book an appointment in advance. These patients also told us that they regularly waited to be seen after their appointment time and were not told how long the waiting time would be for their pre-booked appointment. The practice told us that they had trained reception staff in customer service and had identified the need to make improvements to their telephone system. The practice told us that they were planning on changing their telephone system in an effort to improve telephone access for patients.

Following the inspection the practice told us that a plan was in place to address the below average patient survey results in relation to access to appointments. The practice had also informed us that a new telephone system was scheduled to be installed.

Areas for improvement

Action the service MUST take to improve

- Ensure that systems are implemented to assess the risk of and to prevent, detect and control the spread of infection including routine audit processes.
- Ensure that all staff employed receive essential training relevant to their role including children and adult safeguarding and infection control.

Action the service SHOULD take to improve

- Ensure an appropriate system is in place for the safe use of blank prescription forms and pads and the management of uncollected prescriptions.

- Ensure review of systems and processes for the effective management of patients with long term conditions.
- Develop a process to ensure a consistent approach towards receiving and managing patient safety alerts.
- Carry out an analysis of significant events to identify trends.
- Ensure steps are taken to make improvements to the National GP Patient Survey results; including access to routine pre-bookable appointments, appointment waiting times and access to the practice by telephone.

Summary of findings

- Review and make improvements to the baby changing area and disabled patient toilet facilities provided in line with the requirements of the Equality Act 2010.

Church Street Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice manager specialist advisor, a nurse specialist advisor and an Expert by Experience.

Background to Church Street Partnership

Church Street Partnership provides primary medical services, including minor surgery, to approximately 17,000 patients in Bishops Stortford, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). The practice operates across three premises. Church Street Surgery is the main surgery located close to the town centre. Thorley Health Centre is located approximately two miles away and Haymeads Health Centre is located within the Hertfordshire and Essex Community Hospital approximately two miles away from the main surgery.

The practice serves a lower than average population of those aged between 20 to 29 years and 65 to 74 years, and a higher than average population of those aged between zero and 14 years and 40 to 54 years. The population is 94% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of seven GP Partners, four of which are female and three are male. The practice currently has one GP vacancy and has been actively attempting to recruit a GP. There are four practice nurses, one of which is qualified to prescribe certain medications, and there is one

health care assistant. The non-clinical team consists of a practice manager, deputy practice manager, reception manager, deputy reception manager, 12 receptionists, four secretaries and seven members of the administration team.

Church Street Surgery is open to patients between 8.30am and 5pm Mondays to Fridays. Patients are able to access urgent clinical telephone advice between 8am and 6.30pm. Appointments with a GP were available from approximately 8.30am to 11.20am and from 1.20pm to 4.10pm daily.

Thorley Health Centre is open to patients between 8.30am and 6.30pm Mondays to Fridays. Appointments with a GP were available from approximately 8.30am to 11.40am and from 2.10pm to 4.45pm daily. Haymeads Health Centre provides an open access service and is open to patients between 8am and 10am and from 2pm to 5pm Mondays to Fridays. Patients attending the surgery between these times are given an appointment time.

Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours for pre-booked appointments at Haymeads Health Centre between 6.30pm and 9pm every Wednesday, and from 8.15am to 11.45am every Saturday.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and on the practice telephone line.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 21 May 2015.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 30 August 2016. During our inspection we visited all three premises and we:

- Spoke with three GPs, three practice nurses including the nurse prescriber, the health care assistant, the practice manager and deputy practice manager, the reception manager, three receptionists, one secretary and one member of the administration team.
- Spoke with 12 patients and observed how staff interacted with patients.
- Reviewed 14 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from four members of the Patient Participation Group (PPG) and spoke with the PPG

Chairperson. (This is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at GP partner meetings which took place fortnightly and we saw evidence to confirm this. Information and learning would be circulated to staff through internal notifications and staff meetings. However, the practice did not carry out an analysis of the significant events to identify trends.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. We found that at the time of our inspection the practice did not have a consistent system in place for receiving, cascading and managing safety alerts. Senior staff told us that they were not consistently receiving these alerts and updates however there was evidence of action being taken on safety alerts which the practice had learnt about from other practices and colleagues. We checked the clinical system and saw evidence to confirm action was being taken to improve safety in the practice. Shortly after the inspection the practice told us that all alerts were sent directly to the practice email address which was monitored daily by three managers. The practice told us all alerts are disseminated to clinical staff and followed up.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written

apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice created a new protocol for the effective management of patients referred to pathology and radiology after patient results were missed by the hospital laboratory.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however during our inspection we found some of these systems and processes to be insufficient:

- All of the staff we spoke with demonstrated they understood their responsibilities to safeguard children and adults from abuse. Staff had access to e-learning training however we spoke with three members of the reception team and they told us that they had not completed safeguarding adults or children training. The practice told us that they had spent a significant amount of time training staff on the new clinical system. The practice nurses told us that they had completed safeguarding children training appropriate to their role. However, the practice was unable to provide evidence of this training during our inspection.. The GPs in the practice, including the safeguarding lead for the practice, had completed safeguarding children training to the appropriate level (level three).
- Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- The practice displayed notices in the waiting rooms and treatment rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene in most areas. However, the practice had not completed an infection control audit and not all of the nurses and non-clinical staff had completed infection control training relevant to their

Are services safe?

role. Training on infection control was available to staff however, the practice told us that they had spent a significant amount of time training staff on the new clinical system. We checked the curtains in the treatment rooms and found them all to be visibly clean. However, we found that one of the disposable curtains should have been replaced in July 2016. Patients told us that the patient waiting areas were not always clean and we found some of the carpeting and chairs in the patient areas required changing due to their condition. We did not see any evidence to confirm if the practice monitored the work of their contracted cleaning company. The practice did tell us that they were aware of areas within the practice which required updating including some chairs in the patient waiting area which required replacing.

- We found that the baby changing area did not meet infection control and safety standards. There were no straps attached to the baby changing mat and there was no safety information available. There were no antiseptic wipes that could be used in the absence of paper towels and the nappy bin was not suitable for soiled nappies. We also found that the disabled toilet did not have a call bell to alert staff in the event of an emergency.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, we found that practice staff did not routinely notify the GPs about uncollected prescriptions. Following the inspection the practice told us that they would be implementing a process for the management of uncollected prescriptions. The practice had arranged prescribing training for staff members which was scheduled to take place in September 2016.

- Blank prescription forms and pads were securely stored however there was no system in place to monitor their use.
- The nurse prescriber received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available along with a poster in the staff area which included the names of the health and safety lead at the practice. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment was checked in May 2016 to ensure the equipment was safe to use and clinical equipment was checked in April 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had completed a Legionella risk assessment in March 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There were individual team rotas in place to ensure that enough staff

Are services safe?

members were on duty. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties as and when required during other absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers which alerted staff to any emergency.
- Staff received annual basic life support training. However some non-clinical staff members had not attended a recent training session in basic life support. The practice told us that they were in the process of arranging an additional training session on basic life support.

- The practice had a defibrillator available on both premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date. A first aid kit and accident book was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and an additional copy was kept off the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice met with the East and North Hertfordshire Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital, outpatient attendance and public health data. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 97% of the total number of points available, with 9% exception reporting which was comparable with the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable with the CCG and national average. The practice had achieved 93% of the total number of points

available, compared to the local and national average of 89%. Overall exception reporting for diabetes related indicators was 12% compared to 9% locally and 11% nationally.

- The percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 89% of the total number of points available, compared to 90% locally and 91% nationally.
- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, compared to 86% locally and 84% nationally.
- 86% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months compared to 92% locally and 88% nationally. Exception reporting was 11% which was comparable with the local average and national average of 13%.

The practice had changed their clinical IT system in June 2016. During our inspection we found that the practice had not put in place a robust recall system for the structured annual review of people with long term conditions and for medications that needed monitoring. For example, we found 69 patients with thyroid problems (which was approximately 15% of the total number of patients with thyroid problems) had not received a thyroid function test in the last 13 months. The practice told us that they had encountered several problems with the new clinical IT system and were in the process of setting up a new system for the review and recall of patients with long term conditions. Shortly after the inspection the practice told us that a system was now in place for regular searches to be completed in order to identify patients requiring a review.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, the practice completed an audit on the number of patients with diabetes that had attended an appointment to review the management of their condition. This audit was repeated and the results showed that there had been an increase in the number of patients who were managing their diabetes in adherence to NICE guidelines.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

- Whilst the practice had an induction programme for all newly appointed staff, there was no process in place to ensure these staff carried out essential training. It covered such topics as safeguarding, information governance, confidentiality, basic life support, infection control, health and safety and fire safety. We spoke with three members of non-clinical staff who had been appointed approximately 12 months ago. These three members of staff had completed customer service training, however they told us that they had not completed essential training required for their role. For example, one staff member had not completed safeguarding children or adults training, one staff member had missed the latest basic life support training and another staff member had not completed any essential training such as safeguarding, infection control, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance to update training sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. There was evidence of appraisals and personal development plans for all staff.
- The practice staff would attend CCG led training days which were held two to three times a year. Staff had access to external training and the practice had made e-learning training modules available to staff.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis for vulnerable patients and for patients requiring palliative care.
- Health visitors would attend meetings with the GP partners on a six weekly basis in order to support and manage care and treatment for vulnerable families and children.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients considered to be in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.
- The practice held a register of patients living in vulnerable circumstances and offered longer appointments and annual health checks for people with a learning disability.
- The practice signposted patients requiring smoking cessation advice to a service which was provided by a local public health team.
- Patients were referred to a NHS dietician who visited one of the branch surgeries on a regular basis.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. For example:

- Data published in March 2015 showed 63% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 60% locally and 58% nationally.
- Data showed 65% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% compared to the CCG average of 96% to 98% and five year olds from 94% to 97% compared to the CCG average of 95% to 97%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years and had completed 243 of these health checks during the year 2015/2016. The practice was due to commence a programme of health checks for patients aged 75 and over and new patients were offered a health check upon registering.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private area or room to discuss their needs.
- The practice had introduced signs in the reception area which promoted patient confidentiality.

We received 14 CQC patient comment cards. Patients told us that staff were helpful, caring and treated them with dignity and respect.

We received feedback from 17 patients. Patients told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. However, the practice was mostly below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and compared to the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and compared to the national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

We discussed the National GP Patient Survey results with the practice and they told us that they had spent time engaging with the local Healthwatch and their Patient Participation Group in order to make improvements. The practice told us that they had provided customer service training for staff and the patients we spoke with told us that they had seen an improvement in the quality of service provided by reception staff.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and involved in decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and compared to the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us that a translation service was available for patients who were hard of hearing or did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 330 carers identified which was 2% of the practice list. A member of the administration team was the practice's carers lead (a Carers' champion) and information about local support groups and services was made available to patients.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was part of a network of practices holding discussions with the local CCG in relation to developing clinics for frail elderly people in order to reduce unnecessary hospital admissions.

- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these. The practice was also able to offer home visits via the Acute In Hours Visiting Service. This was a team of doctors who worked across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a regular basis.
- The practice had a system in place to identify patients with a known disability. There were disabled facilities, a hearing loop and translation services available.
- The practice had access to NHS counsellors who held weekly clinics at the practice.

Access to the service

and 5pm Mondays to Fridays. Patients are able to access urgent clinical telephone advice between 8am and 6.30pm. Appointments with a GP were available from approximately 8.30am to 11.20am and from 1.20pm to 4.45pm daily. Thorley Health Centre was open to patients between 8.30am and 6.30pm Mondays to Fridays. Appointments with a GP were available from approximately 8.30am to 11.40am and from 2.10pm to 5.20pm daily. Haymeads Health Centre provided an open access service and was open to patients between 8am and 10am and from 2pm to 5pm Mondays to Fridays. Patients attending the surgery between these times were given a specific appointment time. The practice offered extended opening hours for pre-booked appointments at Haymeads Health Centre between 6.30pm and 9pm every Wednesday, and from 8.15am to 11.45am every Saturday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment were below local and national averages.

- 45% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and compared to the national average of 76%.
- 27% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and compared to the national average of 73%.

We spoke with patients before and during our inspection and they told us that had difficulties in getting through to the practice by telephone and found it difficult to book an appointment in advance. The practice told us that they had identified the need to make improvements to their telephone system and were making arrangements to change their telephone system provider.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling written complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- The practice manager was the designated responsible person who handled all complaints in the practice. The practice also had a GP lead in place to oversee complaints.
- Information to help patients understand the complaints system was available on the website and in the patient waiting areas.

We looked at five complaints received in the last 12 months and all of these had been recorded and handled appropriately. All complaints had been dealt with in a

timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice made improvements to their complaints process after a complaint was made in relation to the practice not formally handling or responding to verbal complaints.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The GP Partners held fortnightly business planning meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to patients, staff and others. For example, during our comprehensive inspection in May 2015 we found a number of issues relating to infection control, we also found some staff had not completed essential training relevant to their roles. During our comprehensive inspection in September 2016 we found that the practice had not completed an infection control audit and not all of the staff had completed essential training.
- The practice told us that they had spent a significant amount of time training staff on the new clinical system which was introduced in June 2016. We were told that this had created a significant increase in the workload for staff members.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff told us they prioritised safe, high quality and

compassionate care. Clinical staff had lead roles in a number of areas such as mental health, long term conditions and dermatology. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff away days were held on a regular basis.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, staff feedback had resulted in improvements being made to the management of urgent tasks between GPs and the non-clinical team.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the Friends and Family Test, the Patient Participation Group (PPG) and through comments and complaints received. The practice had engaged with

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

their patient group and local Healthwatch and told us that they were aware of their below average patient scores and comments received on the NHS Choices website.

- The practice's patient group, known locally as a Patient Reference Group (PRG), was a group of three to four members that met regularly. We saw evidence to confirm that discussions had taken place between the PRG and senior practice staff in February 2015 and action points had been agreed. The practice had made changes to the online booking appointment system. The practice was actively attempting to recruit an additional GP and we were told that practice manager, who was appointed in September 2015, was in the process of developing a continuous improvement programme. However, at the time of our inspection patient experience scores were below average for several areas, including contacting the practice by telephone, appointment availability and waiting times for pre-booked appointments. Patient feedback on the day of our inspection was consistent with these scores.

The practice did not have a current action plan in place to support the required improvements identified in the National GP Patient Survey results published in January and July 2016.

- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff feedback led to improvements being made to the process of allocating additional tasks to team members.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a member of a local GP Federation and one of the Partners was a director of this Federation. Senior staff attended regular meetings with peers. The practice manager was a member of a local CCG led primary care management group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found that the provider had not protected people from the risks of, and preventing, detecting and controlling the spread of, infections by not adopting a systematic approach to infection control including through the use of an infection control audit to highlight areas of concern and areas for improvements.</p> <p>Staff members had not completed essential training relevant to their roles including basic life support, infection control and safeguarding children and adults training.</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>